

35 Commerce Way, Suite 1
Dover, Delaware 19904

School _____

Grades _____

Original _____
Addendum _____

Sport _____

Boys
Girls

JV/Varsity _____

1. Place an asterisk (*) beside the name of any student who transferred to your school after the end of the previous academic year and a double asterisk (**) beside the name of any student who is participating in the Delaware School Choice Program.
2. Indicate the established minimum weight class of each wrestler in the appropriate column.

I hereby certify that the students listed above are eligible to compete under the provisions set forth by the Delaware Interscholastic Athletic Association.

ATHLETIC DIRECTOR _____
Revised 7/25/06

PRINCIPAL

[illegible]